

216021970
100484

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 036	Agency Case No. B6-047260	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/29/2016		(In Military Time)	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1416	05/29/2016	
B 85	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 48th St		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		215.00		X	N 48th St	
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N 1	DRIVER			PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
G 2	OWNER	UNKNOWN		PHONE	LOCAL NO.	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
H 5	LICENSE PLATE NO.			YEAR (Plate Expires)	STATE (Of Plate)	
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR white
V2/O 1	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$		
		TOWED TO		TOWED BY		POLICY NO.
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P 8	DRIVER	PARKED		PHONE	LOCAL NO.	
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER	CARL G PEERY / JUDY PERRY		PHONE 402-770-0166	LOCAL NO. 03-18-1954	
		OWNER ADDRESS		CITY, STATE, ZIP 2521 S 52ND ST, LINCOLN, NE 68506	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE PA NO.	TLW935		YEAR (Plate Expires) 2017	STATE (Of Plate) NE	
V2/Q 4	VEHICLE	YEAR 2010	MAKE Toyota	MODEL PRIUS	BODY STYLE 4 door Sedan	COLOR gold
K 01	VEHICLE ID NO. (VIN)	JTDKN3DU5A1035427		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 500		
		TOWED TO		TOWED BY		POLICY NO.
						098 6271-E22-27
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

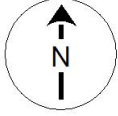
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-047260



Indicate
North
by Arrow



Not To Scale

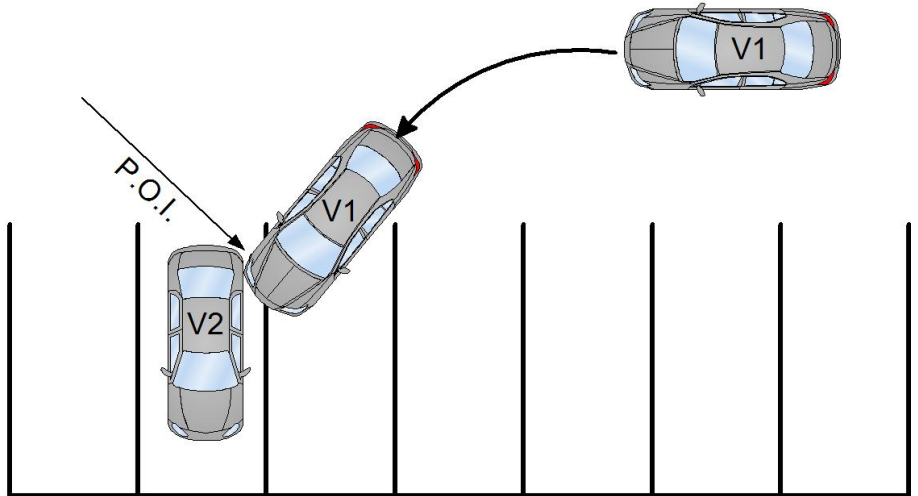
MEASUREMENTS ARE APPROXIMATE

POI:

215' East of the east curb of N 48th St
300' North of the north curb of R St

DAMAGE:

18" - 30" AGL



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Co owner of Vehicle 2, (JUDY L PEERY 07-12-1955, 2521 S 52ND, 402-617-6008) reports her vehicle was involved in a hit and run accident in the parking lot of 400 N 48th St. Judy parked the vehicle at approximately 1300 hrs and found that it had been damaged, when she returned at approximately 1416 hrs. Judy stated that there were no vehicles parked next to her when she arrived and no vehicles were next to Vehicle 2 when she returned. Judy spoke to other people in the parking lot before officers arrival and did not develop any witnesses or suspects. Damage to Vehicle 2 is approximately 18" - 30" AGL and approximately 60" in length. A linear scuff and black marks were visible on the side of Vehicle 2. White paint transfer was observed on the rear left of Vehicle 2. At this time, there are no known suspects.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
WITNESSES	NAME			ADDRESS		PHONE
	NAME			ADDRESS		PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	0	VEH 2	0		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1		X			400 N 48TH ST														
2		X			400 S 48TH ST														
1	10				06 Turning left														
2	10				08 Entering traffic lane														
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 01 Top & windows 02 Undercarriage 03 Total (all areas) 04 Other											
				01 02 03 04 05 06 07 08															
				TROOP/ TEAM/ BEAT 1688 CE				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
INVESTIGATOR NAME (Print or Type) Jared Hermes								INVESTIGATOR SIGNATURE Approved by Officer Jared Hermes								DATE OF REPORT 05/29/2016			